

*General Use Specified*  
MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION  
(FOR USE WITH FORM  
575)

SERIAL NO.	01/888952		FILING DATE
APPLICANT(S)			

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	22	↓	↓	↓	↓	↓
TOTAL CLAIMS	26					

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IND.	DEP.	IND.	DEP.	IND.
51				
52				
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98				
99				
100				
TOTAL IND.				
TOTAL DEP.		↓	↓	↓
TOTAL CLAIMS				